

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

1437  
PRINTED: 09/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/18/2013
NAME OF PROVIDER OR SUPPLIER  GARDEN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 206 SOUTH TENTH AVENUE YAKIMA, WA 98902		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Garden Village on September 18, 2013. A sample of 10 residents was selected from a census of 95 residents. The sample included 10 current residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2871957 Received #2868281 Yakima RCS #2851089 OCT -1 2013</p> <p>The survey was conducted by: [REDACTED] R.N.</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; Long Term Support Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, Washington 98902</p> <p>Telephone (509) 225-2800 Fax: (509) 574-5597 <i>Chalutney 9/24/13</i> Residential Care Services Date</p>		F 000	<p>Our unannounced, complaint investigation was completed on September 18, 2013. The survey process serves as a guide to "measure" the quality of our services. However the final decision of the quality of our services rests with you: our resident, family, doctor and friend of Garden Village.</p> <p>Thank you for your continued interest in Garden Village. As you review this survey report and have any questions about any aspect of it please do not hesitate to ask for assistance.</p> <p>[REDACTED] Administrator</p> <p>Submission of this Response and Plan of Correction is <u>not</u> a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also <u>not</u> to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
F 314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that</p>		F 314	<p>Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a</p> <p>Plan of Correction within ten (10) calendar days of receipt of the survey report as a</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Heana Buckalew RN, DNS for Doug Bault, Administrator* 10-13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 314	<p>Continued From page 1</p> <p>they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 2 sampled residents (#1) at risk for developing pressure ulcers received timely treatment to promote wound healing. The facility failed to ensure Resident #1's pressure ulcer did not progress and/or that he received emergent care and services as necessary. This failed practice resulted in actual harm to the resident as his pressure ulcer worsened resulting in bone infection and probable amputation. Findings include:</p> <p>Resident #1: Admitted to the facility with diagnoses which included diabetes and dementia.</p> <p>Review of Progress Notes dated 7/16/13 revealed the resident developed a Stage II (partial thickness skin loss - superficial in nature) open area to the lateral side of the left heel measuring 0.2 by 0.2 inches, no depth, with a pink wound bed. Despite four different treatments being prescribed by the physician between 7/16-8/1/13 the wound had worsened as evidenced by an increase in size to 0.68 by 0.4 inches with a depth of 0.12 inches with scant drainage.</p> <p>On 8/1/13 a culture was obtained of the above wound drainage with the results obtained on 8/5/13 noting a bacterial infection that was highly resistant to many antibiotics. Documentation stated the physician was notified by a Licensed</p>	F 314	<p>condition to participate in the Title 18 and Title 19 programs.</p> <p>The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility.</p> <p><b>F-314 483.25 TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</b></p> <p>Resident #1 referred to wound clinic.</p> <p>Any other residents with decubes reviewed for prompt referrals.</p> <p>Nursing department inserviced by DNS re:</p> <ol style="list-style-type: none"> <li>1) Referrals if no improvement and</li> <li>2) Make continued attempts to reach doctor until order is received.</li> </ol> <p>Policy and procedure reviewed and revised by MDT and dietician.</p> <p>Audit will occur of every decube and foot blister to ensure prompt referrals</p>		<p>9/3/13</p> <p>9/18/13</p> <p>9/25/13</p> <p>9/12/13</p>

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F 314	<p>Continued From page 2</p> <p>Nurse and "awaiting any new orders." On 8/8/13 the resident's body temperature was elevated at 99.8 degrees and Tylenol with cooling measures were instituted. In addition, there was a small to moderate amount of bloody drainage present on the dressing to the left heel. Despite the resident's wound infection and elevated body temperature there was no further attempt to notify the physician until 8/9/13 (four days later) at which time he was faxed relative to the lab results noting an infection. The physician ordered antibiotic therapy on 8/9 and the first dose was administered on 8/10/13.</p> <p>Documentation between 8/9-12/13 noted the wound had increased in size to 0.8 by 0.4 inches, depth of 0.08 inches with large amounts of reddish-yellow drainage with a foul odor and a small amount of dead tissue present. On 8/17/13 the nursing assessment revealed there was a copious amount of tan drainage, wound edges were hard and pale with redness around the wound.</p> <p>A repeat wound culture was obtained on 8/22/13 with results noting the same bacterial infection as previously treated on 8/10/13. Antibiotic therapy was again prescribed by the physician of 8/25/13.</p> <p>On 8/26/13 at 8:00 a.m. a nursing assessment by Staff Licensed Nurse A, revealed the left heel wound appeared to be "resolving" as wound filling in with new tissue. The resident's family member requested a referral to the wound clinic. A second nursing assessment later that day at 7:00 p.m. stated there continued to be tan drainage and a dark color appeared to be around the edges of the wound. A nursing assessment dated 8/29/13 stated left heel wound appeared to</p>	F 314	<p>and physician notifications and reported to QA committee in 30 days.</p>	ongoing	

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F 314	<p>Continued From page 3 be "resolving slowly".</p> <p>Review of the physician assessment at the wound clinic dated 9/3/13 noted the pressure ulcer was a Stage IV (full thickness skin loss with extensive destruction), size measuring 0.6 by 0.4 inches with a depth of 0.48 inches, "very deep, all the way into the bone." There was dead tissue within the bed of the wound and also bone exposed to the wound with dark gray in color. New treatment orders were prescribed and bone pathology was sent to rule out bone infection. On 9/9/13 a bone infection was confirmed.</p> <p>Review of the physician assessment at the wound clinic on 9/10/13 noted amputation was being considered as a treatment option due to the severity of the wound.</p> <p>A telephone interview on 9/18/13 at 2:10 p.m. with the Wound Clinic physician revealed the facility did not seek appropriate medical attention to determine the cause of the wound and why it was still there when it continued to not improve.</p> <p>Interviewed on 9/18/13 at 3:00 p.m. Staff A, Resident Care Manager, reported he was unaware the wound was as deep as it was; "the wound clinic was able to debride it."</p> <p>An interview on 9/16/13 at 12:14 p.m. with the above resident's family member revealed staff had informed her the resident's wound was improving; however, when she observed it on 8/24/13 the wound was purple/black in color with pus type drainage. Due to her concerns relative to the condition of the wound she requested a referral to the wound clinic that following Monday (8/26/13).</p>	F 314			

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F 314	Continued From page 4  Although the facility was attentive to wound treatments and sought changes in wound treatment it worsened and/or did not improve. Staff assessments and documentation failed to accurately reflect the wound condition as evidenced by "resolving" and failed to seek further medical attention for the resident.			F 314			